| | | TR-160 | | |
|--|--|--|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (N | lame, state bar number, and address): | FOR COURT USE ONLY | | |
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| | | | | |
| TELEPHONE NO.: | FAX NO.: | | | |
| ATTORNEY FOR (Name): | | | | |
| NAME OF COURT: | | | | |
| STREET ADDRESS: | | | | |
| MAILING ADDRESS: | | | | |
| CITY AND ZIP CODE: | | | | |
| BRANCH NAME: | - THE OTATE OF OAL IEODNIA | | | |
| PEOPLE | OF THE STATE OF CALIFORNIA VS. | | | |
| DEFENDANT/ADDELLANT (Name): | vs. | | | |
| DEFENDANT/APPELLANT (Name): | | | | |
| PROPOSED STA | ATEMENT ON APPEAL (Infraction) | CASE NUMBER: | | |
| Defendant/Appellant (name): | submits the following Pi | roposed Statement on Appeal: | | |
| | | | | |
| | | rding the law or procedure. Note that credibility of | | |
| witnesses is generally not a bas | sis for appeal): | | | |
| a. | | | | |
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| b. | | | | |
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| C. | | | | |
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| d. | | | | |
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| e. | | | | |
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| f. | | | | |
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| STATEMENT OF EVIDENCE | | | | |
| | was reported by an official court reporter or electr | | | |
| reporter's transcript of the | evidence and proceedings so reported and to ma | ke the transcript appellant's statement on appeal. | | |
| | | | | |
| Instead of a transcript the appellant is submitting the following statement on appeal: a. Officer (name): testified that (set forth accurately and in detail the testimony of the officer not comment on or give your opinion regarding the officer's testimony): | | | | |
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| PEOPLE OF THE STATE OF CALIFORNIA vs. | | CASE NUMBER: | | | | | |
|--|---|--|--|--|--|--|--|
| DEFENDANT/APPELLANT (Name): | | | | | | | |
| | | | | | | | |
| 3. (Continued) | . (Continued) | | | | | | |
| b. Derendant testified that (set forth derendant's testifi | b. Defendant testified that (set forth defendant's testimony accurately and in detail): | | | | | | |
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| c Witness (name): | was called and testified that (set t | orth witness's testimony accurately and in | | | | | |
| c. Witness (name): detail): | was sailed and testined that feet? | oral marcocc toomnony accurately and m | | | | | |
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| PEOPLE OF THE STATE OF CALIFORNIA | CASE NUMBER: |
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| vs. | |
| DEFENDANT/APPELLANT (Name): | |
| ANG THE STATE OF T | |
| . c. (Witness testimony continued) | |
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| Please attach separate page(s) labeled "Attachment 3d," "A | attachment 3e," etc. for each other witness. |
| NDINGS OF THE COURT | |
| The court determined I was guilty and assessed a fine of: \$ | |
| Number of pages attached: | |
| ate: | |
| | |
| L | |
| ····· | |
| (TYPE OR PRINT NAME) | (SIGNATURE OF DEFENDANT/APPELLANT OR ATTORNEY) |

(Proof of service on reverse)

| F | PEOPLE OF THE STATE (| OF CALIFORNIA | CASE NUMBER: | | | | | |
|-------|---|-------------------------------------|---------------------------------|--|--|--|--|--|
| | / S. | | | | | | | |
| [| DEFENDANT/APPELLANT | (Name): | | | | | | |
| | DIRECTIONS: A copy of this document must be mailed to the district attorney/city attorney at the address listed below. YOU MAY NOT PERFORM THE MAILING YOURSELF. You must have a party who is at least 18 years old complete the information below and mail the front and back of each page of this document by first class mail, postage prepaid. When the fronts and backs of this document have been completed and mailed, the original may then be filed with the court. | | | | | | | |
| | PROOF OF SERVICE BY MAIL | | | | | | | |
| 1. | I am over the age of 1 | 8 and NOT a party to this action. I | am a resident of or employed in | the county where the mailing took place. | | | | |
| 2. | . My residence or business address is (specify): | | | | | | | |
| 3. | 3. I served a copy of the <i>Proposed Statement on Appeal</i> by enclosing it in an envelope AND a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid. b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid. | | | | | | | |
| 4. | The envelope was add a. (Name of county): b. Address: | dressed and mailed as follows: | District Attorney/City Attorney | | | | | |
| | c. Date mailed:d. Place of mailing (c | ity and state): | | | | | | |
| 5. | I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | | | | |
| Date: | | | | | | | | |
| | | | | | | | | |

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)